COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE
4411 Early Road, P.O. Box 3000, Harrisonburg, Virginia 22801
(540) 574-7800 Fax (540) 574-7878
www.deq.virginia.gov

Douglas W. Domenech
Secretary of Natural Resources

David K. Paylor
Director

Amy Thatcher Owens
Regional Director

June 21, 2011

Mr. Warren Heidt
Director, Public Works
Rockingham County
20 East Gay Street
Harrisonburg, VA 22802

Re: McGaheysville STP, VPDES Permit No. VA0072931, Rockingham County

Dear Mr. Heidt:

Your application has been reviewed and appears to be complete. The waivers you requested from sampling and reporting Summer and Winter Temperature, Fecal Coliform, TRC, Ammonia-N, DO, TKN, Nitrate plus Nitrite, Oil and Grease, Total Phosphorus, and TDS have been granted. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 3 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Eric Millard

Eric Millard
Environmental Engineer Senior

cc: Permit Processing File

MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000 Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0072931, McGaheysville STP, Rockingham County

TO: PP File

FROM: Eric Millard

DATE: June 21, 2011

The following deficiencies were noted in the subject permit reissuance application:

Form 2A

A.4. Collection system ownership should be listed as 'municipal'.

A.9.e. The average daily flow rate is listed as 0.26 MGD.

A.12. No data is provided for Summer and Winter Temperature, Fecal Coliform. A waiver is requested from sampling and reporting these parameters because the facility is not currently operating.

B.6. No data is provided for any of the parameters listed in B.6. The application cover letter requests a waiver from sampling and reporting these parameters because the facility is reporting these parameters to DEQ through monthly DMR's (TRC) and for Ammonia-N, DO, TKN, Nitrate plus Nitrite, O&G, TP, and TDS a waiver is requested because the facility is not currently operating.

VPDES Sewage Sludge Permit Application Form

1.g. Total population served is 1450.

Other

Attachment A monitoring. No monitoring for the Attachment A parameters was performed. A special condition will be included in the reissued permit requiring the Attachment A monitoring be performed during the first year once .

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: BMC 6/21/11

COUNTY of ROCKINGHAM

Department of Public Works

June 20, 2011

Eric Millard
Department of Environmental Quality
Valley Regional Office
PO Box 3000
Harrisonburg, VA 22801

Transmittal via email

Dear Mr. Millard:

I am writing in reference to Rockingham County's McGaheysville sewage treatment plant and its associated VPDES renewal. Martin Jansons has notified Rockingham County that the Virginia Department of Environmental Quality has requested confirmation that the sludge can be disposed at the landfill. Per this letter, the Rockingham County Landfill authorizes the disposal of sludge from the McGaheysville sewage treatment plant provided there is at least 5 tons of solid waste received for every 1 ton of sludge on any day that sludge is disposed of at the landfill. Also, the sludge will need to be dewatered to meet the landfill permit requirements. I hope this letter addresses any concerns you might have. Please call me at (540) 564-3020 if you have any questions or comments.

Sincerely,

Philip Rhodes
Engineering Technician

cc: Martin Janson, PE
file

20 E. Gay Street • P.O. Box 1252 • Harrisonburg, VA 22803-1252
(540) 564-3020 • FAX (540) 564-3048

Millard, Eric (DEQ)

From: Millard, Eric (DEQ)
Sent: Thursday, June 16, 2011 1:59 PM
To: 'Martin Jansons'
Subject: RE: VPDES Reissuance Application for McGaheysville STP, VA0072931, Rockingham County

Martin,

I received the additional information you provided for this facility. Everything looks good. I will also need you to provide a letter from the landfill indicating that they will accept sludge from this facility. An email will also work.

If you have any question, please let me know.

Thanks,
Eric

Eric Millard
DEQ-Valley Regional Office
540-574-7813 (office)
540-574-7878 (fax)
eric.millard@deq.virginia.gov

From: Millard, Eric (DEQ)
Sent: Monday, May 23, 2011 1:32 PM
To: 'Martin Jansons'
Subject: RE: VPDES Reissuance Application for McGaheysville STP, VA0072931, Rockingham County

Martin,

I would include Section B because it gives you options for sludge disposal. If the County were to decide to operate the facility during the permit term and not have completed Section B, they would have no options for sludge disposal and would have to modify the permit.

The Attachment A monitoring was required by the permit Part I.E.10.

10. Water Quality Criteria Monitoring -- The permittee shall monitor the effluent at outfall 001 for the substances noted in Attachments A and/or B of this permit according to the indicated analysis number, quantification level, sample type and frequency. Monitoring required by Attachment A shall be initiated after the start of the third year from the permit's effective date and submitted with the next permit reissuance application, which is due at least 180 days prior to the expiration date. Monitoring required by Attachment B shall be performed within 1 year following issuance of the Certificate to Operate (CTO) for the 0.499 MGD facility and shall be submitted by the 10th of the following month. Monitoring and analyses shall be conducted in accordance with 40 CFR Part 136 or alternative EPA approved method. Methods other than those specified in Attachment A may be used with prior notification to and approval from DEQ. It is the responsibility of the permittee to ensure that proper QA/QC protocols are followed during the sample gathering and analytical procedures. DEQ will use these data for making specific permit decisions in the future. This permit may be modified or, alternatively, revoked and reissued to incorporate limits for any of the substances listed in Attachment A.

If the Attachment A monitoring was not performed, we will include a special condition for the facility to do so when the facility comes back online.

Thanks,
Eric

Eric Millard
DEQ-Valley Regional Office
540-574-7813 (office)
540-574-7878 (fax)
eric.millard@deq.virginia.gov

From: Martin Jansons [mailto:martin1@peed-bortz.com]
Sent: Monday, May 23, 2011 12:32 PM
To: Millard, Eric (DEQ)
Subject: Re: VPDES Reissuance Application for McGaheysville STP, VA0072931, Rockingham County

Eric,

A few other questions:

-why fill out Section B if no sludge?

-when you refer to "Attachment A monitoring", are you referring to A.12? Monitoring info is provided in A.12.

Thanks

Martin

On 5/23/2011 8:23 AM, Millard, Eric (DEQ) wrote:
Good morning Martin,

As to your question regarding the expansion flow tier and nutrient credits, I don't believe it will have an effect. I am currently checking with DEQ Central Office and will give you the official response when I receive it.

Thanks,
Eric

Eric Millard
DEQ-Valley Regional Office
540-574-7813 (office)
540-574-7878 (fax)
eric.millard@deq.virginia.gov

From: Martin Jansons [mailto:martin1@peed-bortz.com]
Sent: Thursday, May 19, 2011 4:42 PM
To: Millard, Eric (DEQ)
Subject: Re: VPDES Reissuance Application for McGaheysville STP, VA0072931, Rockingham County

Eric,

As to your question no. 5 - would this affect the nutrient credits? In other words, would the County lose credits

by not requesting the flow tier?

Thanks

On 5/19/2011 2:56 PM, Millard, Eric (DEQ) wrote:

Martin,

Please see the following questions regarding the McGaheysville STP VPDES reissuance application. If you have any questions, please do not hesitate to contact me.

Form 2A

A.1. Facility name is listed as McGaheysville Wastewater Treatment Plant. The previous permit had the name as McGaheysville STP. Do you want to change the name of the facility?

A.6. Flow – the average daily flow rate for two years ago and last year is 0.187 MGD. The Design flow of the facility is also 0.187 MGD. Is this correct?

VPDES Sewage Sludge Permit Application Form

Section B. Please complete this part of the form.

VPDES Permit Application Addendum

5. The previous permit included an expansion flow tier of 0.499 MGD. The current permit application does not request any expansion flow tiers. Is this correct?

Other

Please include a narrative indicating what the proposed plans are for this facility. The application indicates that the facility is not operational and that all wastewater is being directed to HRRSA.

Was any of the Attachment A monitoring performed?

Thanks,
Eric

Eric Millard

DEQ-Valley Regional Office

540-574-7813 (office)

540-574-7878 (fax)

eric.millard@deq.virginia.gov

PEED & BORTZ, L.L.C.
Civil/Environmental Engineers

C. Elvan Peed, P.E. Scott Bortz, P.E. Martin Jansons, P.E.

June 1, 2011

Eric Millard
DEQ/Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg, VA 22801

Re: Reapplication - VPDES VA0072931, McGaheysville STP, Rockingham Co.

Dear Mr. Millard:

Pursuant to your email on May 19, 2001, we have revised/added the following pages to the application for the above-referenced project:

1. NPDES Form 2A- Page 2 of 21
2. NPDES Form 2A-Page 3 of 21
3. VPDES Sludge Permit Application- Screening Information
4. VPDES Sludge Permit Application- Section A. page 2 of 16
5. VPDES Sludge Permit Application- Section A. page 3 of 16
6. VPDES Sludge Permit Application- Section B.- added entire section

The monitoring listed in Attachment A of the existing permit has not been performed.

As the application indicates, all sewage at McGaheysville STP is being conveyed to HRRSA Mt. Crawford by pump and force main. However the County's treatment allocation at HRRSA is limited, and for this reason the County wishes to maintain the discharge permit at McGaheysville. The County also wishes to maintain the 0.499 MGD flow tier at this facility.

20 Midway Plaza Drive-Suite 100 Christiansburg, Virginia 24073
Phone: 540-394-3214 FAX: 540-394-3215
engineer@peed-bortz.com

If you have any questions concerning the application, please let me know.

Sincerely,

Martin Jansons, PE

Enclosures

cc)Warren Heidt, Rockingham Co.

20 Midway Plaza Drive-Suite 100 Christiansburg, Virginia 24073
Phone: 540-394-3214 FAX: 540-394-3215
engineer@peed-bortz.com

FACILITY NAME AND PERMIT NUMBER:
VA 0072931

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: McGaheysville STP

Mailing Address: 20 East Gay Street
Harrisonburg, VA 22802

Contact person: Mr. Warren Heidt

Title: Director, Public Works

Telephone number: (540) 564-3020

Facility Address (not P.O. Box): 9782 Cave Hill Road
McGaheysville, VA 22840

RECEIVED
[illegible] Valley
JUN 03 2011
To:
FILE:

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Rockingham County, VA

Mailing Address: 20 East Gay Street
Harrisonburg, VA 22802

Contact person: Mr. Warren Heidt

Title: Director, Public Works

Telephone number: (540) 564-3020

Is the applicant the owner or operator (or both) of the treatment works?

✔ owner ✔ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✔ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA 0072931
UIC
RCRA
PSD
Other
Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
McGaheysville Area	1450	Separate	Rockingham County

Total population served 1450

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✔ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✔ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.187 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	.220	.035	n/a	mgd
c. Maximum daily flow rate	1.033	.051	n/a	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✔ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✔ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other _____	n/a

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✔ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✔ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✔ No

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? X Yes __No

   Will this facility derive a material from sewage sludge? __Yes X No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes X No

   Will sewage sludge from this facility be applied to the land? __Yes X No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes X No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: McGaheysville STP
   b. Contact person: Mr. Warren Heidt
      Title: Director of Public Works
      Phone: (540) 564-3020
   c. Mailing address:
      Street or P.O. Box: 20 East Gay Street
      City or Town: Harrisonburg State: Virginia Zip: 22802
   d. Facility location: State Route 641, 0.6 miles S of Route 649 intersection
      Street or Route #:
      County:
      City or Town: McGaheysville State: Virginia Zip:22840
   e. Is this facility a Class I sludge management facility? ___Yes _X_No
   f. Facility design flow rate: 0.187 mgd
   g. Total population served: 570 connections
   h. Indicate the type of facility:
      _X_ Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: Same As Above
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _X_owner _X_ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _X_ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable):
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
VA 0072931	VPDES

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes _X_No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility: **(See Attachment)**
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. **Sludge will be bagged and delivered to the Rockingham County landfill.**

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ___Yes _X__No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name:
   Mailing address: Street or P.O. Box:
   City or Town: _____ State: _____ Zip:
   Phone:
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
   _____
   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. **N/A. Sludge is taken to Rockingham County Landfill**

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

__X_Section A (General Information)
__X_Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
____Section C (Land Application of Bulk Sewage Sludge)
____Section D (Surface Disposal)

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility 35 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. **N/A**
   a. Facility name:
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      ___Class A ___Class B X Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      X None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). **N/A**
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
      _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
      ___Yes ___No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land. **N/A**

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending. **N/A**

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name:

b. Facility contact:
Title:
Phone:

c. Mailing address:
Street or P.O. Box:
City or Town:_____ State:___ Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: __dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	_____

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes ___No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
___Class A ___Class B ___Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ___Yes ___No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
___Yes __No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-

away for application to the land? ___Yes ___No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ___Yes ___No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. Land Application of Bulk Sewage Sludge. **N/A**

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) N/A

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Site Owner ___Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	
_____	

9. Incineration. **N/A**

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send

sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name:Rockingham County Landfill

b. Contact person: Darren Hedrick
Title:
Phone: (540) 830-2241
Contact is: _X_ Landfill Owner _X_ Landfill Operator

c. Mailing address.
Street or P.O. Box: 20 East Gay Street
City or Town: Harrisonburg State: VA Zip: 22802

d. Landfill location.
Street or Route #: 2200 Grassy Creek Road
County: Rockingham
City or Town: Harrisonburg State: VA Zip: 22801

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
(avg) 55 dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
062	DEQ- Solid Waste Landfill Permit

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
_X_Yes ___No __unknown

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _X_Yes ___No

h. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _

i. _X_ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

Millard, Eric (DEQ)

From: Millard, Eric (DEQ)
Sent: Thursday, May 19, 2011 2:56 PM
To: 'Martin Jansons'
Subject: VPDES Reissuance Application for McGaheysville STP, VA0072931, Rockingham County

Martin,

Please see the following questions regarding the McGaheysville STP VPDES reissuance application. If you have any questions, please do not hesitate to contact me.

Form 2A

A.1. Facility name is listed as McGaheysville Wastewater Treatment Plant. The previous permit had the name as McGaheysville STP. Do you want to change the name of the facility?

A.6. Flow – the average daily flow rate for two years ago and last year is 0.187 MGD. The Design flow of the facility is also 0.187 MGD. Is this correct?

VPDES Sewage Sludge Permit Application Form

Section B. Please complete this part of the form.

VPDES Permit Application Addendum

5. The previous permit included an expansion flow tier of 0.499 MGD. The current permit application does not request any expansion flow tiers. Is this correct?

Other

Please include a narrative indicating what the proposed plans are for this facility. The application indicates that the facility is not operational and that all wastewater is being directed to HRRSA.

Was any of the Attachment A monitoring performed?

Thanks,
Eric

Eric Millard
DEQ-Valley Regional Office
540-574-7813 (office)
540-574-7878 (fax)
eric.millard@deq.virginia.gov

PEED & BORTZ, L.L.C.
Civil/Environmental Engineers

C. Elvan Peed, P.E. Scott Bortz, P.E. Martin Jansons, P.E.

May 13, 2011

Eric Millard
DEQ/Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg, VA 22801

Re: Reapplication - VPDES VA0072931, McGaheysville STP, Rockingham Co.

Dear Mr. Millard:

Enclosed you will find the above referenced reapplication. The following are included:

NPDES Form 2A, Part A, B, & C
VPDES Sewage Sludge Permit Application Form
VPDES Permit Application Addendum
Public Notice Billing Information
VPEDE/VPA Permit Billing Information Form for Annual Maintenance Fee

Please note the following regarding the reapplication:

1) As per our conversation with Trevor Wallace in February 2011, we informed your office that the McGaheysville WWTP is not accepting sewage for treatment. All sewage is being conveyed to the Harrisonburg/Rockingham Regional Sewer Authority. Thus, we are requesting a waiver of additional effluent testing (as required in Section B of Form 2A NPDES).

2) We also request that DEQ use the data on file from DMR's as the basis of the effluent testing required in Section A.12 of Form 2A NPDES).

3) A waiver is hereby requested for any additional effluent testing that is not provided by the DMR's on file.

20 Midway Plaza Drive-Suite 100 Christiansburg, Virginia 24073
Phone: 540-394-3214 FAX: 540-394-3215
engineer@peed-bortz.com

If you have any questions concerning the application, please let me know.

Sincerely,

Martin Jansons, PE

Enclosures

cc) VDH/Lexington, Warren Heidt, Rockingham Co.

20 Midway Plaza Drive-Suite 100 Christiansburg, Virginia 24073
Phone: 540-394-3214 FAX: 540-394-3215
engineer@peed-bortz.com

FACILITY NAME AND PERMIT NUMBER:
VA 0072931

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: McGaheysville Wastewater Treatment Facility

Mailing Address: 20 East Gay Street
Harrisonburg, VA 22802

Contact person: Mr. Warren Heidt

Title: Director, Public Works

Telephone number: (540) 564-3020

Facility Address (not P.O. Box): 9782 Cave Hill Road
McGaheysville, VA 22840

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Rockingham County, VA

Mailing Address: 20 East Gay Street
Harrisonburg, VA 22802

Contact person: Mr. Warren Heidt

Title: Director, Public Works

Telephone number: (540) 564-3020

Is the applicant the owner or operator (or both) of the treatment works?

✔ owner ✔ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✔ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA 0072931
UIC
RCRA
PSD
Other
Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
McGaheysville Area	1450	Separate	Rockingham County

Total population served 1450

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✔ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✔ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.187 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	.187	.187	n/a	mgd
c. Maximum daily flow rate	.328	.272	n/a	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✔ Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✔ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ n/a

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✔ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✔ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✔ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. NA mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ____ Yes ✔ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method ____ continuous or ____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location
McGaheysville (City or town, if applicable) — 22840 (Zip Code)
Rockingham County (County) — VA (State)
38 degrees 20 min. 54sec.N (Latitude) — 78 degrees 42min. 26sec. W (Longitude)

c. Distance from shore (if applicable) n/a ft.

d. Depth below surface (if applicable) n/a ft.

e. Average daily flow rate .26 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ✔ Yes ____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: no_discharge_since_May_2010

Average duration of each discharge: n/a

Average flow per discharge: n/a mgd

Months in which discharge occurs: n/a

g. Is outfall equipped with a diffuser? ____ Yes ✔ No

A.10. Description of Receiving Waters.

a. Name of receiving water South Fork, Shenandoah River

b. Name of watershed (if known) Potomac River-South Fork Shenandoah River Basin

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): Potomac R.-S.Fork Shenandoah R.subbasin Sec 3Class IV

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 0207006

d. Critical low flow of receiving stream (if applicable):
acute n/a cfs chronic n/a cfs

e. Total hardness of receiving stream at critical low flow (if applicable): n/a mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary ✔ Secondary

_____ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	96	%
Design SS removal	96	%
Design P removal	n/a	%
Design N removal	n/a	%
Other _____	n/a	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Cl 2

If disinfection is by chlorination, is dechlorination used for this outfall? ✔ Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes ✔ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.86	s.u.			
pH (Maximum)	8.20	s.u.			
Flow Rate	.33	mgd	.20	mgd	136
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	25	mg/l	12.93	mg/l	37	SM 5210B	2mg/l
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		74	mg/l	14.24	mg/l	18	EPA 160.2	0mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

n/a gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✔No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name:

Mailing Address:

Telephone Number:

Responsibilities of Contractor:

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ✔No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001* STP is non-operational. All waste is being conveyed to HRRSA collection system

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
VA 0072931

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✔ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Warren G. Heidt, Director or Public Works

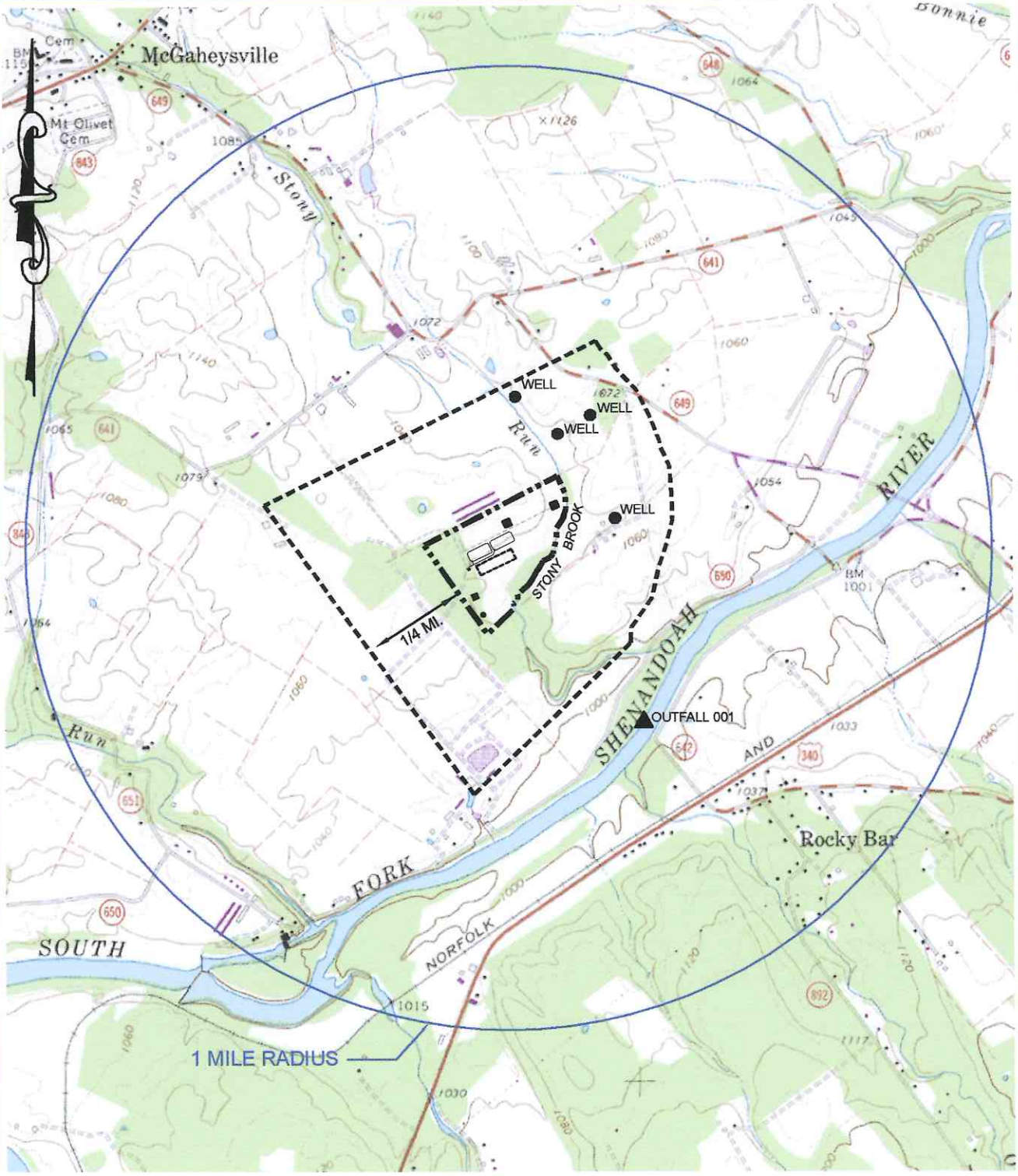
Signature:  5-11-11

Telephone number: (540) 564-3020

Date signed: 5-11-11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

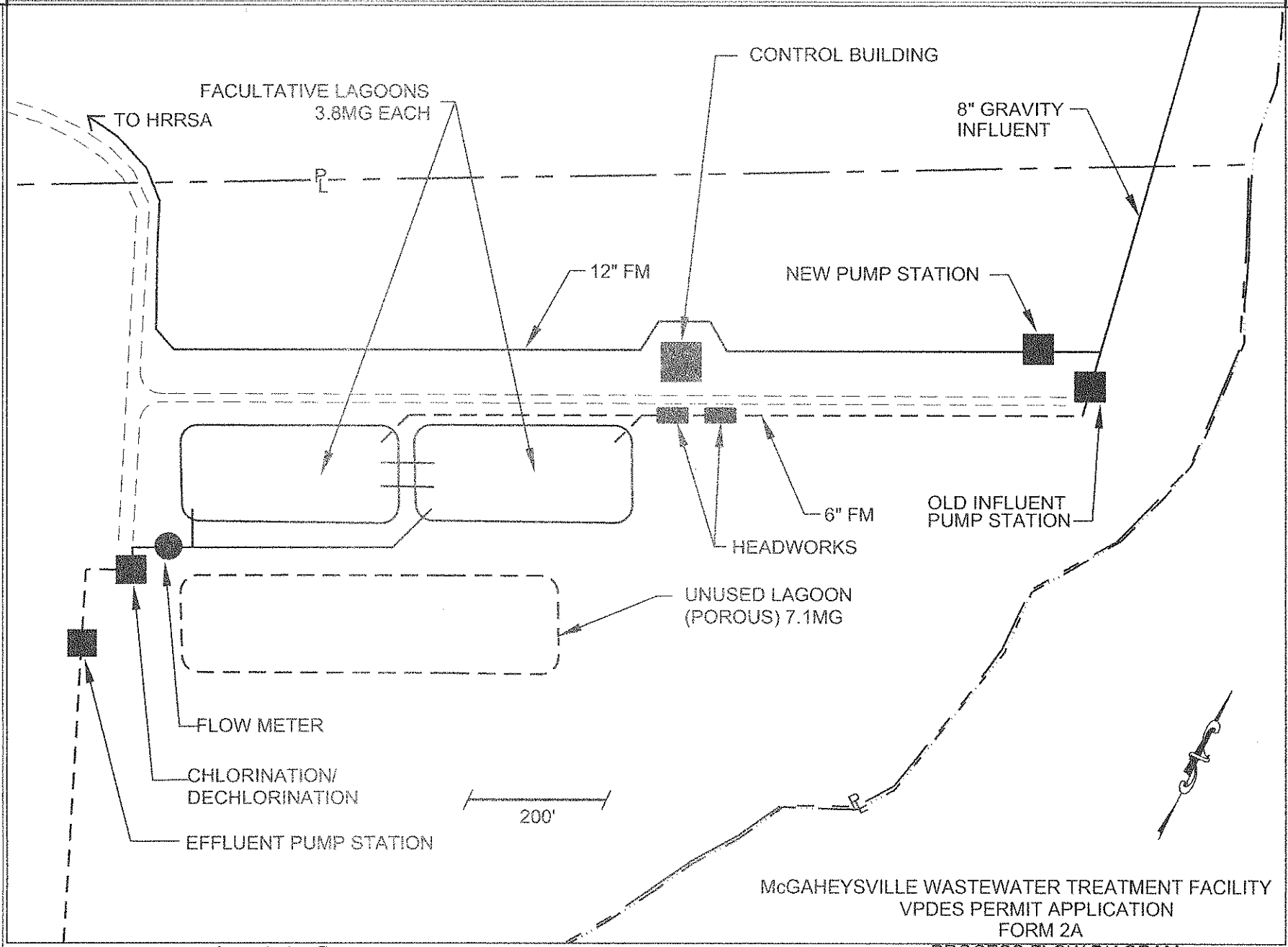


SCALE: 1" = 2,000'

MCGAHEYSVILLE WASTEWATER TREATMENT FACILITY
VPDES PERMIT APPLICATION
SITE LOCATION MAP
FORM 2A PART B.2

Peed & Bortz, L.L.C.
CIVIL & ENVIRONMENTAL ENGINEERS

MARCH 2011



McGAHEYSVILLE WASTEWATER TREATMENT FACILITY
VPDES PERMIT APPLICATION
FORM 2A
PROCESS FLOW DIAGRAM
PART B.3.

Peed & Bortz, L.L.C.
CIVIL & ENVIRONMENTAL ENGINEERS

MARCH 2011

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? __Yes X No

   Will this facility derive a material from sewage sludge? __Yes X No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes X No

   Will sewage sludge from this facility be applied to the land? __Yes X No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes X No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: McGaheysville Sewage Treatment Plant
   b. Contact person: Mr. Warren Heidt
      Title: Director of Public Works
      Phone: (540) 564-3020
   c. Mailing address:
      Street or P.O. Box: 20 East Gay Street
      City or Town: Harrisonburg State: Virginia Zip: 22802
   d. Facility location: State Route 641, 0.6 miles S of Route 649 intersection
      Street or Route #:
      County:
      City or Town: McGaheysville State: Virginia Zip:22840
   e. Is this facility a Class I sludge management facility? ___Yes _X_No
   f. Facility design flow rate: 0.187 mgd
   g. Total population served: 570 connections
   h. Indicate the type of facility:
      _X_ Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: Same As Above
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _X_owner _X_ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _X_ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable):
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
VA 0072931	VPDES

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes _X_No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility: **(See Attachment)**
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. Sewage is conveyed to the Harrisonburg-Rockingham Regional Sewer Authority (**HRRSA**) in Mt. Crawford, Virginia via collection system.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes _X__No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name:
   Mailing address: Street or P.O. Box:
   City or Town: _____ State: _____ Zip:
   Phone:
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
   _____
   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. **N/A. Sludge is taken to Rockingham County Landfill**

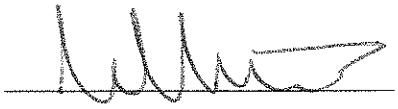
POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

__X_ Section A (General Information)
___Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
____Section C (Land Application of Bulk Sewage Sludge)
____Section D (Surface Disposal)

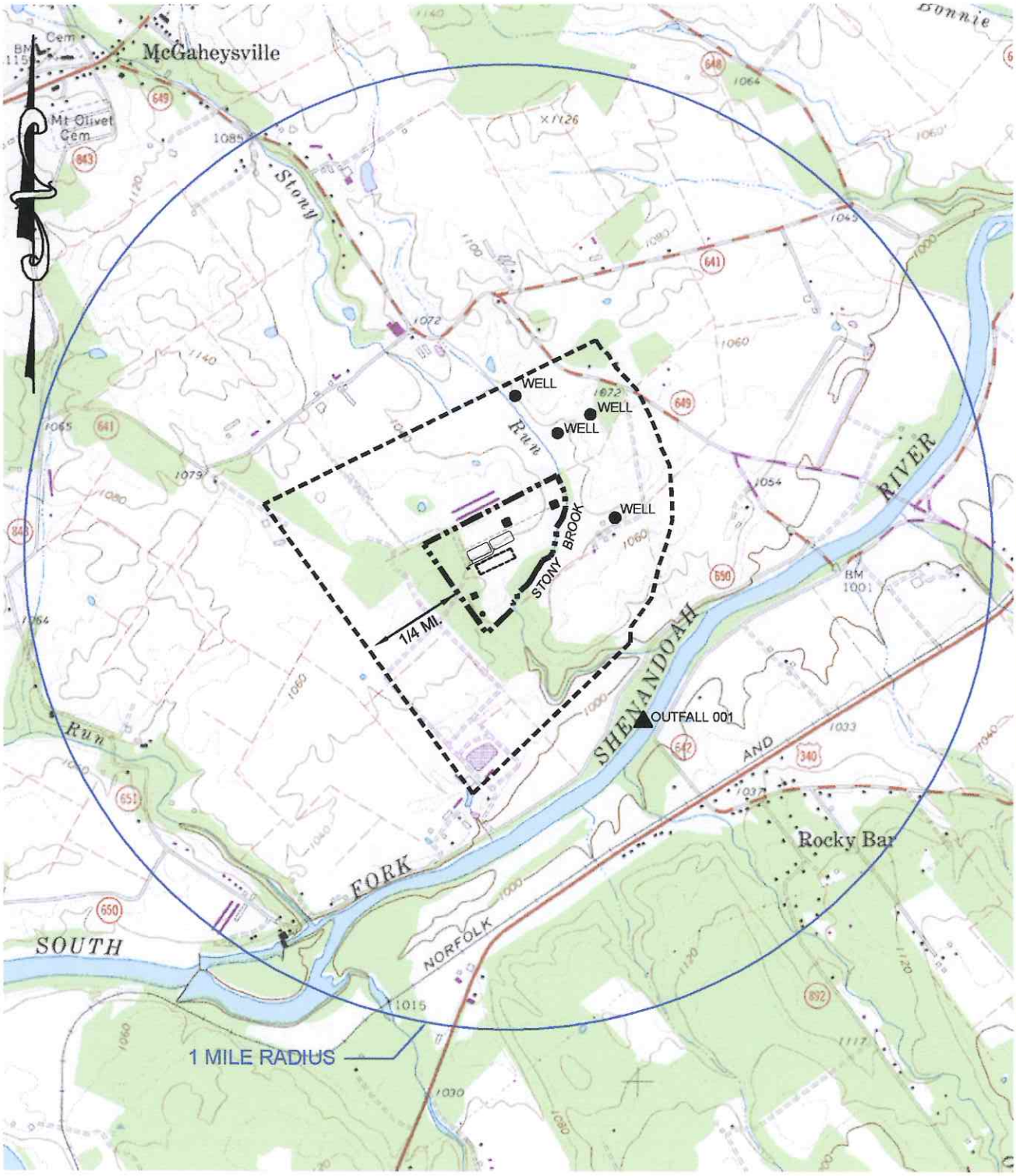
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Warren Heidt, Director of Public Works

Signature  Date Signed 5-11-11

Telephone number (540) 564-3020

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

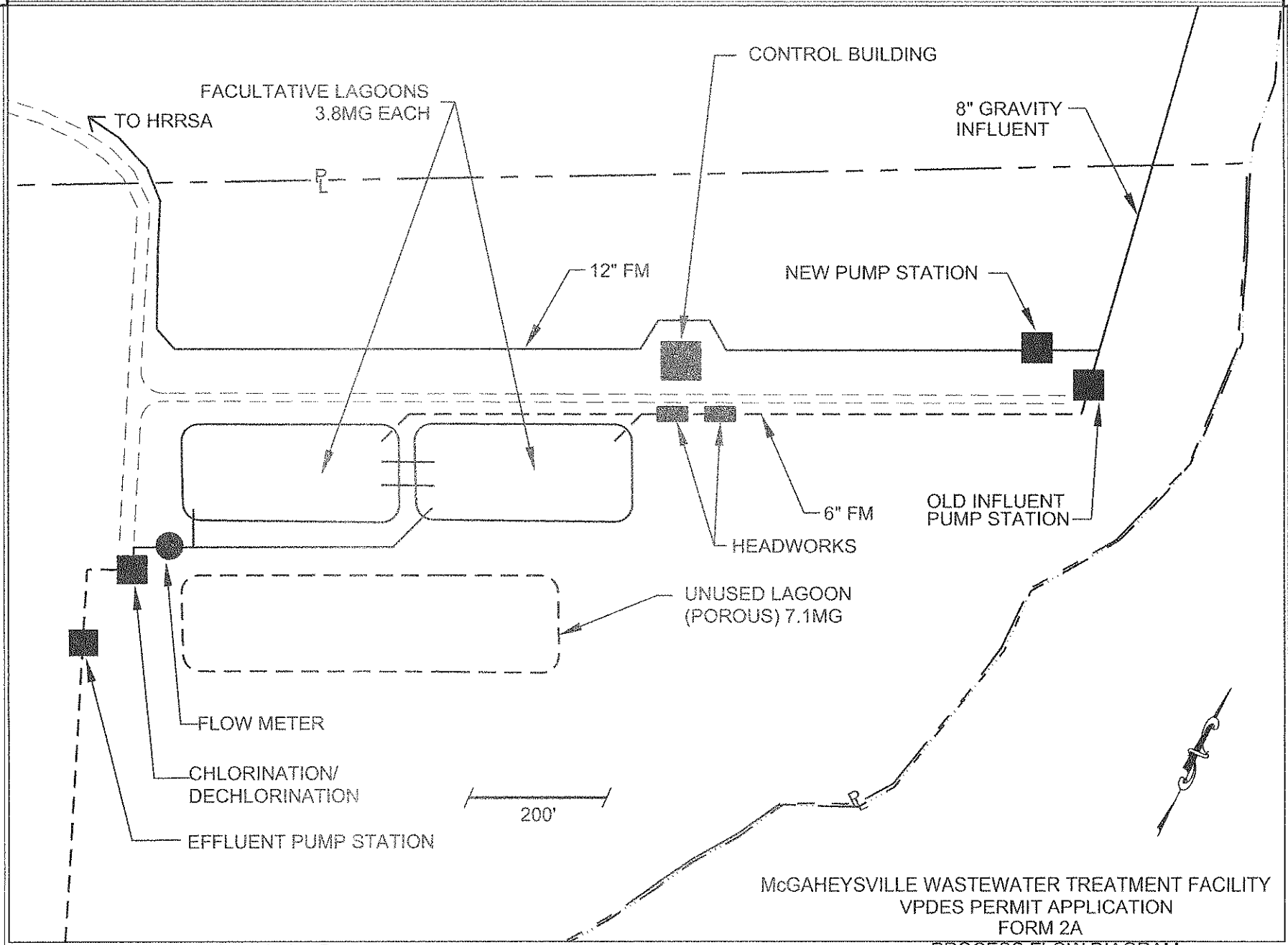


SCALE: 1" = 2,000'

MCGAHEYSVILLE WASTEWATER TREATMENT FACILITY
VPDES PERMIT APPLICATION
SITE LOCATION MAP
SLUDGE APPLICATION PERMIT

Peed & Bortz, L.L.C.
CIVIL & ENVIRONMENTAL ENGINEERS

MARCH 2011



McGAHEYSVILLE WASTEWATER TREATMENT FACILITY
VPDES PERMIT APPLICATION
FORM 2A
PROCESS FLOW DIAGRAM
SLUDGE APPLICATION PERMIT

Peed & Bortz, L.L.C.
CIVIL & ENVIRONMENTAL ENGINEERS

MARCH 2011

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Rockingham County, Virginia
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y / [N]
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. **What is the tax map parcel number for the land where this facility is located?** 142-(A)-L127B

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. ALL FACILITIES: **What is the design average flow of this facility?** .187 MGD
Industrial facilities: **What is the max. 30-day avg. production level (include units)?** N/A

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / [N]

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**
Residential/Small Commercial

91* % of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities: __ 0 __ 1-49 __ 50 or more

9* % of flow from non-domestic connections/sources

7. **Mode of discharge:** __Continuous ✔ Intermittent __Seasonal
Describe frequency and duration of intermittent or seasonal discharges:
* plant is not currently in operation. All sewage is conveyed to HRRSA sanitary collection system.

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
✔ Permanent stream, never dry
__ Intermittent stream, usually flowing, sometimes dry
__ Ephemeral stream, wet-weather flow, often dry
__ Effluent-dependent stream, usually or always dry
__ Lake or pond at or below the discharge point
__ Other: _____

9. **Approval Date(s):**
O & M Manual 1/09/04 **Sludge/Solids Management Plan** 12/17/01

Have there been any changes in your operations or procedures since the above approval dates? [Y] N

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Daily News-Record in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	Rockingham County Public Works
Owner:	Rockingham County, VA
Agent/Department Address:	20 East Gay Street
	Harrisonburg, VA 22802
Agent's Telephone No.:	(540) 564-3020
Printed Name:	Warren Heidt, Director of Public Works
Authorizing Agent – Signature:	
Date:	5-11-11

VPDES Permit No. VA0072931
McGaheysville STP

VPDES/VPA Permit Billing Information Form for Annual Maintenance Fee

Facility Name: McGaheysville Sewage Treatment Plant

Permit Number: VA 0072931

Tax Payer ID (Federal Identification Number): 54-6001582

Social Security Number if no Tax Payer ID:

Owner Name: Rockingham County, VA

Owner Address: 20 East Gay Street

Harrisonburg, VA 22802

Billing Contact Name: Mr. Warren Heidt

Title: Director, Public Works

Phone Number: (540) 564-3020

E-Mail Address: wheidt@rockinghamcountyva.gov